

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-003361

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

973

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **St. Louis Childrens**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Illinois** COUNTY **Madison**

c. CITY OR TOWN **Alton, Illinois**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**601 Mildred St.**

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
**Julie Rae Cox**

4. DATE OF DEATH  
Month Day Year  
**1-28-63**

## 5. SEX

**Female**

## 6. COLOR OR RACE

**White**

## 7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

**12-31-57**

## 9. AGE (last birthday)

**5Yrs**

## IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**None**

10b. KIND OF BUSINESS OR INDUSTRY

**None**

11. BIRTHPLACE (City and state or country)

**Alton, Illinois**

12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

## 13a. FATHER'S NAME

**Jerry Eugene Cox**

## 13b. MOTHER'S MAIDEN NAME

**Earlene Thornhill**

## 14. NAME OF HUSBAND OR WIFE

**None**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

## 16. SOCIAL SECURITY NO.

**[Redacted]**

## 17. INFORMANT

**Mary Foust**  
**500 S. Kingshighway**

## Address

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

**Cardiac arrest**

#### DUE TO (b)

**Sepsis**

#### DUE TO (c)

**Leukemia, acute**

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1-17-63** to **1-28-63** and last saw her alive on **1-28-63**

Death occurred at **9:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

**Francis M. Henderson M.D.**

## 22b. ADDRESS

**St. Louis Childrens Hosp.**

## 22c. DATE SIGNED

**29 June 63**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**

## 23b. DATE

**1-29-63**

## 23c. NAME OF CEMETERY OR CREMATORY

**Alton, Illinois**

## 24. FUNERAL DIRECTOR

ADDRESS

**Streeper Funeral Home, Alton, Illinois.**

## 25. DATE RECD. BY LOCAL REG.

**JAN 29 1963**

## 26. REGISTRAR'S SIGNATURE

**Roan Smith, M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James D. Embury*

Licensed Embalmer No. 3653

P. O. Address

*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.